



Utah Department of Health, Child Care Licensing

LICENSING SPECIALIST/INSPECTION EVALUATION (4/14)

Name (optional): _____

Licensing Specialist(s) Name(s): _____

1 Disagree	2 Neither Agree nor Disagree	3 Agree
---------------	------------------------------------	------------

Please circle 1, 2, or 3.

- | | | | |
|--|---|---|---|
| 1. The Licensing Specialist assessed compliance only to licensing rules. | 1 | 2 | 3 |
| 2. The Licensing Specialist explained the inspection process, any noncompliance items, and answered any questions. | 1 | 2 | 3 |

Comments (All comments are read and appreciated.): _____

You can use the back for more comments.

Please return this evaluation in the attached envelope or mail it to:
Child Care Licensing
PO Box 142003
Salt Lake City, UT 84114-2003